

APPLICATION DATA SHEET

**APPLICATION INFORMATION**

Application Number:: 10/540,086  
Filing Date:: 06/20/2005  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Computer Readable Form (CRF)?:: No  
Title:: *THE CHARACTERIZATION OF  
HUPB GENE ENCODING HISTONE  
LIKE PROTEIN OF  
MYCOBACTERIUM  
TUBERCULOSIS*  
Attorney Docket Number:: 4544-051936  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Secrecy Order In Parent Appl.?:: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Krishna  
Middle Name:: Prasad  
Family Name:: HANUMANTHAPPA  
City of Residence:: New Delhi  
Country of Residence:: India  
Street of Mailing Address:: Department of Biotechnology, All  
India Institute of Medical Sciences  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 029

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Savita  
Family Name:: PRABHAKAR  
City of Residence:: New Delhi  
Country of Residence:: India  
Street of Mailing Address:: Department of Biotechnology, All India Institute of Medical Sciences  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 029

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: *3 w* Anjali  
Family Name:: MISHRA  
City of Residence:: New Delhi  
Country of Residence:: India *INX*  
Street of Mailing Address:: Department of Biotechnology, All India Institute of Medical Sciences  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 029

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: *fw* India  
Status:: Full Capacity  
Given Name:: Tyagi  
Middle Name:: Jaya  
Family Name:: SIVASWAMI  
City of Residence:: New Delhi  
Country of Residence:: India *INX*

Street of Mailing Address:: Department of Biotechnology, All India Institute of Medical Sciences  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 029

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::

28289

### **REPRESENTATIVE INFORMATION**

Representative Customer Number::	28289	
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### **FOREIGN PRIORITY INFORMATION**

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/IN2003/000302	09/09/2003	Yes
IN	1274/DEL/02	12/18/2002	Yes

### **ASSIGNMENT INFORMATION**

Assignee Name:: DEPARTMENT OF BIOTECHNOLOGY

Street of Mailing Address:: CGO Complex, Block 2, 7<sup>th</sup> Floor, Lodhi Road  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 003

Assignee Name:: ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Street of Mailing Address:: Ansari Nagar  
City of Mailing Address:: New Delhi  
Country of Mailing Address:: India  
Postal or Zip Code of Mailing Address:: 110 029